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ABSTRACT

This report stems from the observation of the training of Responsive Care pilot program directors. The Responsive Care Program was designed to facilitate the development of children's social and cognitive repertoires through provision of a rich environment and responsive instructional techniques. The Responsive Care Model was first implemented at Syracuse University with preschool children. The report deals with: a description of training which includes directors and Syracuse staff as trainers, training facilities, formal training plans, training materials and activities, trainers' roles and evaluation of the training. In the evaluation section there are discussions of utilization of training resources, directors' understanding of the program, and directors' feelings about training. The appendix contains materials used as part of the training program. (MS)

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# REPORT ON TRAINING OF DIRECTORS OF RESPONSIVE CARE PILOT SITES

Syracuse University
September 24-28, 1973

CEMREL, Inc.

December, 1973

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REPORT ON TRAINING OF DIRECTORS OF
RESPONSIVE CARE PILOT SITES

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## Purposes and Procedures of the Report

### Purposes

The primary purpose of the observation of the training of pilot site directors was to document an accurate and detailed description of the training. That description would then be the basis for characterizing the training treatment as one of a set of variables to be dealt with in the pilot study of the Responsive Care Program. Among other matters, future inferences about the implementation of the Responsive Care Program would be dependent upon the evaluator's ability to detail an adequate description of the training that directors were involved in as an initiation to the Responsive Care Program.

Another purpose of the observation of training was to collect summative evaluation data relevant to the revision of training materials and procedures. In that sense, the training was itself in a pilot test phase, as the first attempt at formal Responsive Care Training, and subject to major revisions when needed.

A third purpose of the observation was for the staff of the Cooperative Development Program of CEMREL, Inc. to become better acquainted with the directors of the pilot centers with whom CEMREL

would be working and with their particular situations. The training setting offered an excellent opportunity for CEMREL's observers to work formally and socially with the directors and to develop good working relationships that would facilitate the program installation and evaluation later in the year.

Procedures

Data were collected primarily by means of non-participant observation by an observer from CEMREL, Inc. The observer attended each session, as an observer only, and maintained close informal contact with directors by being their guide and chauffeur during the week in Syracuse.

The observer took extensive field notes as a means of describing and interpreting the events which took place during training. In his notes the observer distinguished between description of events and the interpretation of the description and events.

The descriptions served to reconstruct the events as accurately and as concretely as possible. Interpretative comments, which were bracketed in the field notes, served to pose foreshadowed problems and hypotheses that could make the analysis of the events, by abstracting from them, more fruitful and could make the description more meaningful.

In addition to the non-participant observation, CEMREL wanted information related to directors' attitudes toward the training and to the cognitive outcomes resulting from the training. The observer attended closely to the directors' behaviors when it

appeared especially indicative of their feelings about training. In addition, Dr. Lay asked directors at the end of training to rate each training activity on a scale of one to five as indicators of directors' assessment of the value of each activity. Those ratings are discussed later in this report.

In order to assess the directors' understanding of the goals and procedures of the Responsive Care Program, directors were asked to respond the the Responsive Care Questionnaire after the completion of training. The questionnaire required directors to respond to a series of questions that depended on knowledge of the Responsive Care Program. The results of the questionnaire are discussed later.

Directors' understanding of the goals and procedures of the program was assessed by means of judging the adequacy of directors' responses to items on task analysis sheets which required the directors to explain in what ways and for what reasons they would modify the operation of their centers in order to make them like the Responsive Care Program.

## Description of Training

### Directors (Or Alternate Participants)

Among the persons to be trained were the following:

a. From the Early Childhood Education Program in Kansas City, Missouri were Ms. Alberta Maten, director, and Ms. Evelyn Johnson, the head teacher.

b. From the Day Care Association, Inc., Binghamton,

New York were Ms. Betty Kliewer, director; Ms. Pat Brooks, head teacher of the Clinton Street Center, and Ms. Jan Grivas, head teacher of the Stuyvesant Street Center.

c. From Helping Hand Day Care Center in St. Louis were Ms. Wanda Dietrich, director; and Mrs. Kathy Johnston, the social worker employed by the center.

d. From South Side Day Care Center in St. Louis was Ms. Francine Griffin, the head teacher.

The participants from Binghamton commuted daily to the training in Syracuse. All other participants stayed at the same hotel in Syracuse and usually had meals together with the observer.

Syracuse (Responsive Care) Staff as Trainers

Dr. Margaret Lay, the developer of the Responsive Care Program and the director of the program's development and operation at Syracuse University, supervised the training session. Assisting Dr. Lay were Ms. Bette Tryon, Ms. Norma Slessinger, Ms. Barbara Clark, and Ms. Eileen Sorrentino of the development staff and the teachers in the demonstration center.

Training Facilities

The five-day training session was conducted at the Syracuse University Early Childhood Education Center (SUECEC) on campus in Syracuse, New York. A significant feature of the facilities was the location. The training was "away from home" for the participants.

Though it is not easy to know the full consequence of the "away from home" feature, it should not be dismissed as an insignificant factor. If on one hand it can lead to an intensified training by separating participants from day-to-day distractions, it can also result in periods of low morale if participants are preoccupied with anxieties about home and affairs in their own centers.

The facility at SUECEC was comprised of four different but adjacent areas--a conference room, a small and specialized early childhood library, the Responsive Care Program's demonstration center which accommodated thirty-three children and ten teachers, and observation areas equipped with two-way mirrors for observing the children and teachers in the demonstration class.

Formal Training Plans

The week's training activities and schedule were distributed to directors at the beginning of training (see Appendix A). The schedule indicated the major activities planned for training, but left much time for directors to choose how they wished to allocate their time. In that sense, the schedule served as a loose structure or format within which the trainer and trainees could make many choices.

Three basic goals or guidelines for the training were expressed by Dr. Lay at the outset of training. First, the training was intended to help directors understand the philosophy, goals, and procedures of the Responsive Care Program. Second, Dr. Lay and her staff wanted to be used by the directors as resources. Dr. Lay emphasized the training session was not intended to be highly prescriptive.

Rather, participants should decide on their own whether and to what extent they would use the program in their own centers. The third goals of training was for the SUECEC staff to help directors plan for the reorganization of their center and to develop preservice staff training plans in line with directors' wishes for using the Responsive Care Program.

Training Materials

Planned training materials included various dittoed handouts, a collection of Responsive Care related materials (see Appendix B for list of materials made available), the Responsive Care slide-tape overview of the program, and various child materials drawn from the demonstration center.

Training Activities

An apt term for describing the training would be "soft sell." Dr. Lay frequently stressed her wish to be a resource for directors to use as they wanted. She commented more than once that she did not want directors to consider the Responsive Care Program to be a model program that everyone should replicate. On the contrary, she urged people to make modifications in the program for their own needs. Dr. Lay frequently stated that she favored programs that were "open" for teachers as well as for children. For that reason, she indicated, she preferred not to be prescriptive in her training of teachers even though she felt strongly in favor of "open programs" such as hers.

In keeping with her wish to maintain a training session that permitted divergence of process and product among the directors, the training was structured for much independent work by the directors. At the beginning of training, the center directors were presented with a wide array of activities they could engage in according to their individual choices during the week as a means of working toward goals each director set for herself. The schedule for the training activities allocated approximately half-time to "Individual Activity" (see Appendix A). Directors were encouraged to use the people and material resources of the SUECEC center to meet their own needs and preferences. In order to facilitate individual choice and independent study, Dr. Lay presented directors with a list of "Options For Individual Activity" (see Appendix C), though directors were also encouraged to go beyond the list for activities if they wished. Thus, the training could be, in part, characterized as a smorgasbord of individual activities among which directors could choose as a means of learning about the Responsive Care Program and deciding in what manner they wished to implement the program, or a modification thereof, in their own centers.

During the training the observers identified at least twelve kinds of activities in which the directors engaged. As Figure 1 indicates, the activities may be grouped according to whether they involved the entire group of directors working together ("Whole Group Activities") or individuals working independently or with less than the whole group ("Individual or Small Group Activities"). Figure 1 also indicates the degree of directors' contacts with the SUECEC staff.

Figure 1. Training Activities

| Directors* | Whole Group Activities | | | | | Individual or Small Group Activities | | | | | | Contact with SUECEC Staff | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Lecture/Discussion on selected topics | Question/Answer on issues raised by trainees | Informal discussion in social setting | Observe staff meeting. Question staff/ | Brainstorm materials used in responsive instruc. | Planning own program with help of R.C. staff | Observe demonstration center at SUECEC | Teach in SUECEC | Read Responsive Care materials displayed | Read/work alone in SUECEC library | Work on "Task Sheets" | Spontaneous discussion with peers on R.C. staff | Dr. M. Lay | Bette T. | Norma J. | Barbara C. | Eileen S. | SUECEC teachers |
| Kansas City | C | B | B | C | C | C | C | D | D | E | D | I | A | A | B | C | C | B |
| Moten | | | | | | | | | | | | | | | | | | |
| Johnson | | | | | | | | | | | | | | | | | | |
| Binghamton | C | B | B | C | C | C | B | E | D | D | D | I | A | A | B | B | C | B |
| Kliewer | | | | | | | | | | | | | | | | | | |
| Grivas | | | | | | | | | | | | | | | | | | |
| Brooks | | | | | | | | | | | | | | | | | | |
| Helping Hand | C | B | B | C | C | B | B | C | E | E | E | D | I | A | A | B | C | B |
| Dietrich | | | | | | | | | | | | | | | | | | |
| Johnston | | | | | | | | | | | | | | | | | | |
| South Side | C | B | B | C | C | C | C | E | E | E | D | I | A | A | A | B | C | B |
| Griffin | | | | | | | | | | | | | | | | | | |

APPROXIMATE TIME ALLOCATION

A = More than 8 hours
B = More than 4 hours
C = More than 1 hour
D = Less than 1 hour
E = No time
I = Indeterminate

* Since the persons from each center rarely separated, they are indicated only by center on this chart.

Each kind of activity is described briefly below:

Lecture/discussion on selected topics. At times Dr. Lay or a staff member gave 5 to 15 minute oral presentations about selected aspects of the Responsive Care Program. It was emphasized that directors could ask questions or make comments during such presentations. Though a few short lecture/discussions were planned, such as one about Responsive Instruction, others were spontaneous and were simply extended responses to questions.

Questions/answers on issues raised by trainees. Frequently during the training whole group activities were side tracked when participants became involved, and in cases, "embroiled" in discussions related to the Responsive Care Program or to day care in general. One of the issues, which arose spontaneously, related to the prohibition of "four-letter words" by children when in a center. Occassionaly such an issue would be discussed for twenty or more minutes. Dr Lay usually permitted discussions of that nature to run their course, and interruped reluctantly when she felt the time should be used for something else on the schedule.

Informal discussion in social setting. Directors and SUECEC staff members were afforded a half dozen or more opportunities to engage in discussions outside the formal training schecule. Noon meals were usually attended by the directors and two or more of the SUECEC staff members. On two evenings during

training the directors were hosted to meals by SUECEC staff members. It appeared to observers that the informal affairs were highly appreciated by the directors and did much to foster a good working relationship between directors and training staff.

Observe staff meeting and questions staff. On the third day of training the directors observed a staff of the SUECEC center. After the formal meeting was over the directors were permitted to direct questions to the participants of the staff meeting. Several of the questions had earlier been asked of Dr. Lay or members of the development staff. Apparently directors were asking the questions again in order to get teachers' perspectives. About half of the questions were implicitly critical of aspects of the SUECEC center. For example, several questions dealt with what directors perceived to be a lack of "warmth" and too much fighting in the center.

Brainstorm materials used in Responsive Instruction. In this activity directors were given common place classroom materials such as dominoes, parquetry blocks, etc., for the purpose of having directors brainstorm many uses of the items for instructing children "responsively."

Planning own program with the help of the Responsive Care staff. In this activity directors, and other persons, from each center met with Dr. Lay in order to plan how each center could be rearranged and staff assignments altered to adapt the Responsive Care Program. Other development staff members usually joined in the consultation.

Observe demonstration center at SUECEC. On the first day of training directors were taken in groups of two or three for a guided tour of the center. Throughout the week directors were free to observe the children and teachers in the center.

Teach in demonstration center. Directors were encouraged to participate in the activities of the demonstration center, including interacting with children and teachers in the setting.

Read Responsive Care Materials displayed. Numerous Responsive Care-related materials were made available for directors to read during the training (see Appendix B).

Read/work alone in SUECEC library. Early childhood materials in the SUECEC library were available to directors for independent study. (The library was in fact, used more as a study area than as a source of materials.)

Work on Task Sheets. Persons representing each center at the training were asked to write responses to the items on a series of task sheets which were developed to aid trainees in answering questions about the goals and procedures of the Responsive Care Program. (See Appendix D.) The task sheets related to the following aspects of the Responsive Care Program:

Space Arrangement

Equipment Placement and Arrangement

Scheduling for Children

Scheduling of Teachers' Assignments

Instruction

Setting and Enforcing Ground Rules

Keeping Records

Decision Making

Spontaneous discussion with peers or SUECEC staff. A prominent feature of the training was the spontaneous interaction among the participants. In addition to discussing issues related to the Responsive Care Program, directors frequently discussed program funding, governmental regulations, etc.

A Typical Day of Training. The primary emphasis on days Tuesday through Thursday was on independent activity. Each day started at 9:00 a.m. with Dr. Lay making announcements to the whole group. The whole group time was also used to ask and answer questions directors raised. By 9:30 the directors separated to do the individual activity (ies) they chose to engage in. One team might be consulting with Dr. Lay and another staff member about planning their own program. Another team might be observing in the center or talking with teachers. Another team might be brousing in the Responsive Care Materials, while another director might be working alone on her plans for using the Responsive Care Program.

All participants generally ate lunch together. The afternoon activities paralleled those of the morning. At the end of the day (3:30-4:00) all participants returned to the whole group to discuss the day's experiences or perhaps to participate in a planned activity, such as learning about Responsive Instruction.

## Trainers' Roles

Observers noted differences in the roles played at the training by different staff members. Dr. Lay directed the training activities,

acted as official host to the directors, and served as a spokesman for the Responsive Care Program. She frequently asked probing questions about directors' centers and about directors views toward early education. Rarely did Dr. Lay take sides in issues without first saying her opinions were her own and they they should not be viewed as the "correct" statements.

Bette Tryon typically took the role of communication facilitator, by carefully paraphrasing directors' statements and by asking them about their feelings, and by granting the legitimacy of their feelings. Her statements were often prefaced by phrases like, "I hear you saying ____" or, "You seem to feel strongly that _____." She also gave her views about the nature of the Responsive Care Program when asked.

Norma Slessinger was the person commonly asked for practical suggestions about the day-to-day teaching in the Responsive Care Program. Her responses were spiced with concrete, "real life" illustrations and bore the mark of personal conviction about the value of the program. In fact, she was an extremely articulate spokesman for the program and was able to get quickly to the nub of directors' questions.

Two other staff members served to relate testimonials about the value of the Responsive Care Program. Their appeal tended to be more emotional than other staff members' support of the program. Their answers to questions tended to be more defensive of the program than the answers of other staff members.

## Evaluation of the Training

### Utilization of Training Resources

A reasonable question to ask about a smorgasbord type of training is "Were the training resources adequately utilized by all participants?" The summary of allocation of time on training activities (Figure 1) indicates that training resources were, for the most part, evenly and extensively utilized.

### Directors Feelings About Training

Did the directors value the training? In general the answer seems to be affirmative. Directors ratings of value for the individual activities were overwhelmingly positive (See Appendix E). Only items 1, 2d, and 2e show slightly low ratings. In addition, all remarks by directors indicated very positive feelings about the "soft sell" nature of the training. Directors commented to the observer that they were pleased to be treated with such high respect and sensativity by the training staff.

One exception must be noted. One team told the observer they were "extremely blue" after the first day of training, particularly after the classroom observation. They had been disillusioned and disappointed by the noise, fighting, and swearing they observed in the classroom. Their initial reaction was that they could learn little of value in such a setting. Their frustration was so intense that first day that they had planned to return home the second day. The activities of the second day encouraged them to stick it out. At the end of the week their feelings were generally positive toward training.

It is notable that all directors showed signs of dissatisfaction with their first impressions of the children in the demonstration center. Numerous times directors commented among themselves that they were disturbed by fighting, restlessness, a lack of "warmth," etc. manifested by children in the center. It appeared to the observer that the feelings of dissatisfaction or uneasiness did not noticably diminish during the training. The observer received no indication that directors' dissatisfaction with the behavior of children in the center was a significant factor in the directors' overall assessment of the Responsive Care Program. The directors seemed to attribute the children's behavior to the particular way the center operated, rather than assuming the behavior, disturbing from their perception, to be an inevitable outcome of the Responsive Care Model.

Directors' Understanding of the Program

. Judging from directors' responses on the Task Sheets (Appendix D) and the Responsive Care Questionaire (Appendix F), directors' understanding of the Responsive Care Program varied considerably at the end of training. The responses of some directors to the Task Sheet questions were detailed and demonstrated a fundamental understanding of the Responsive Care Program. Others' responses on the Task Sheets were imcomplete, sketchy, and in general unimpressive as evidence of program understanding. Three of the six directors who completed the Responsive Care Questionaire accounted for 34½ of the 39½ errors committed by the directors.

Though the Questionaire's reliability remains to be established and its validity is only in terms of content, its data should not be considered trivial or useless. When two persons missed one item each out of a possible 54 points and two other persons missed 12½ and 16 points respectively on the same test, the test results should be viewed as evidence, even though questionable perhaps, that the trainees' understanding of the program differed. (At the same time one must realize the Questionaire's limitations in terms of reliability and validity uncertainties.)

The long term consequences of the training are difficult to assess. Long term follow-up observation was not possible. Even if long term observation had been possible it would have been difficult to attribute directors behavior directly to the training in Syracuse. It is useful to speculate on some long term consequences. One consequence this observer predicts is a continued positive relationship between the directors and Dr. Lay and her staff. It appeared that Dr. Lay and her staff were able to develop warm and productive relationships with center directors. A more rigid and prescriptive training program might have fostered less positive feelings toward the development staff and, indirectly, toward the program, with the result being minimal program implementation.

# APPENDIX A

## TRAINING SCHEDULE

**Monday**

| | |
|---|---|
| 9:00 a.m. - 11:30 a.m. | Introductions |
| | Perspectives |
| | Tour of Facility |
| | Coffee |
| | Further Introductions |
| | Backgrounds on Centers |
| 1:00 p.m. - 4:00 p.m. | Descriptions of Week's Tasks |
| | Plan for the Week |
| | Questions and Responses |
| 7:00 p.m. | Supper at SUECEC |

**Tuesday through Thursday**

| | |
|---|---|
| 9:00 a.m. - 11:30 a.m. | Announcements |
| | Questions and Responses |
| | Coffee |
| | Individual Activity |
| 1:00 p.m. - 3:30 p.m. | Announcements |
| | Questions and Responses |
| | Coffee |
| | Individual Activity |
| 3:30 p.m. - 4:00 p.m. | Sharing |

**Thursday**

| | |
|---|---|
| 7:00 p.m. | Sipping, snacking and suppering at Norma's |

**Friday**

| | |
|---|---|
| 9:00 a.m. - 11:30 a.m. | Announcements |
| | Last Words from Syracuse Staff |
| | Individual Written Evaluation of Own Participation and Benefits |
| | Group Evaluation of Week's Efforts |

## APPENDIX B

## LIST OF TRAINING MATERIALS

## Responsive Care Materials

Source Books

*"I Can Do It": A Collection of Action Oriented Experiences for Children 3 to 6.*

*"A Space to Discover Me": Books, Games, Puzzles, and Other Quiet Things for Children 3 to 6.*

*"And So There Was Me": A Potpourri of Creative Art Experiences for Children 3 to 6.*

The Teachers Guide (draft version)

*"Field Trips-Who Went 1971-72."*

*"Lists of Equipment and Materials for the Responsive Care Program."*

*"Independent Learning Packets."*

*"Providing Cooking Experiences for Young Children"*

*"Providing Dramatic Activities for Children"*

*A Time All His Own: The Individual Session of the Responsive Care Program.*

Ditto of *"Record of Individual Session with _____."*

Sample Child Repertoire Assessment Records from SUECEC Center.

*Teacher's Guide for the Use of the Child Repertoire Assessement Record.*

Loose leaf notebooks of pictures suitable for discussions with children.

Sample of children's notebooks from SUECEC Center.

# APPENDIX C

## OPTIONS FOR INDIVIDUAL ACTIVITIES

## Options for Individual Activities

1. Study materials on responsive care. Ask questions about portions you don't understand or which are discrepant from your own views and previous experience.
2. Observe in the program setting:
   a. Look at space arrangements, equipment locations.
   b. Look for variety in children's activities.
   c. Follow the activities of several individual children, one at a time, for extended periods.
   d. Look for variety in teaching styles.
   e. Look for presence of responsive teaching--or missed opportunities.
   f. Look for things that are different than in your own setting. Jot down questions you have to raise later with some of SUECEC staff.
3. Discuss your problems/concerns which are unique to your situations with a Syracuse staff member or a fellow participant.
4. Read, study materials in SUECEC library.
5. Participate in center. Get to know teachers' roles and assignments by working with them.
6. Invite others to sit and brainstorm with you about an issue of concern.
7. Find a quiet corner (just try!) and devise some plans and strategies.
8. Write out your responses to the task sheets.

# APPENDIX D

## EXAMPLE OF TASK SHEET

## TASK SHEET FOR SPACE ARRANGEMENT

The major way(s) in which our _____ arrangement is different from the Responsive Care plan is (are):

( ) We probably will not alter this part of our program.

( ) We probably will alter our space arrangement in the following ways:

The reasons we will/will not make these modifications are:

The plan or strategy we will probably use to make these modifications is:

## APPENDIX E

## DIRECTORS' RATINGS OF THE VALUE OF INDIVIDUAL ACTIVITIES

OPTIONS FOR INDIVIDUAL ACTIVITIES (Directors' Ratings)

| Participation | | Value* | |
|---|---|---|---|
| Yes | No | | |
| 5 | 3 | 3.8 | 1. Study materials on responsive care. Ask questions about portions you don't understand or which are discrepant from your own views and previous experience. |
| | | | 2. Observe in the program setting. |
| 8 | 0 | 5 | a. Look at space arrangements, equipment locations. |
| 9 | 1 | 5 | b. Look for variety in children's activities. |
| 8 | 2 | 5 | c. Follow the activities of several individual children, one at a time, for extended periods. |
| 8 | 2 | 3.3 | d. Look for variety in teaching styles. |
| 10 | 0 | 3.4 | e. Look for presence of responsive teaching--or missed opportunities. |
| 9 | 1 | 5 | f. Look for things that are different than in your own setting. Jot down questions you have to raise later with some of SUECEC staff. |
| 10 | 0 | 5 | 3. Discuss your problems/concerns which are unique to your situations with a Syracuse staff member or a fellow participant. |
| 2 | 8 | 5 | 4. Read, study materials in SUECEC library. |
| 4 | 4 | 5 | 5. Participate in center. Get to know teachers' roles and assignments by working with them. |
| 9 | 1 | 5 | 6. Invite others to sit and brainstorm with you about an issue of concern. |
| 5 | 3 | 5 | 7. Find a quiet corner (just try!) and devise some plans and strategies. |
| 10 | 0 | 4.4 | 8. Write out your responses to the task sheets. |

*Values were assigned only if the person participated in the activity. Participants were asked to assign values on a scale of 1 to 5 with 1 being least valued and 5 being most valued.

## APPENDIX F

## RESPONSIVE CARE QUESTIONAIRE

## RESPONSIVE CARE QUESTIONNAIRE

1. Place a check in front of each statement below that is a feature of the Responsive Care Program.

___ a. Children may choose which activities to engage in, but may not choose when or how to engage in the activity.

___ b. Children may choose how they wish to spend their time in the classroom.

___ c. Responsibilities for instruction, planning, and record keeping are shared among a team of teachers.

___ d. All major activity areas in the classroom are open to children during the entire day.

___ e. Children are grouped according to ability and are assigned to teachers on the basis of academic needs.

___ f. A major program goal is to extend each child's repertoire of behaviors so that his exposure to the teachers and environment of the program cause him to exhibit a more diverse set of behaviors.

___ g. Bringing all children to minimum levels of proficiency on certain skills is a major goal of the program.

___ h. Teachers are encouraged to teach according to their diverse backgrounds, skills, and ways of interacting with children.

___ i. Each teacher sets the ground rules for children's conduct in the activity area he (she) supervises. When teacher assignment to activity areas change, the ground rules often change as well.

2. Rank order the following descriptions of instruction of situations, beginning with the MOST RESPONSIVE and going to the LEAST RESPONSIVE.

___ a. Lotta Keys, a piano teacher, is giving a piano lesson. "Billy, hold your hands just as I do as you play this scale."

___ b. When Lotta Keys, a music teacher, saw Jim attempting to play "chop sticks" on the piano, she offered to demonstrate an easier way for Jim to hold his hands (Jim is not a piano student).

___ c. When Jill looks into the works of the piano to see what makes the sound, her teacher suggests ways Jill could make instruments that produce sounds in a similar way. She also asks Jill for her explanation of how the sound is made.

___ d. Puppets on the Sesame Street TV show demonstrate the meaning of the words "near" and "far."

3. In the previous item I ranked ___ as MOST RESPONSIVE because

I ranked ___ second because

I ranked ___ third because

I ranked ___ as LEAST RESPONSIVE on the list because

4. Explain, as though you are talking to a person unfamiliar with the Responsive Care Program, the purposes of each major activity area.

Active Area:

Task Area:

Expressive Area:

Outdoor Play:

5. List four pieces of equipment that might typically be found in each activity area and explain why those types of equipment are consistent with the various activity areas.

Active Area:

Task Area:

Expressive Area:

Outdoor Play:

6. Suggest one or more ways one piece of equipment or materials from each activity area above could be used for responsive instruction. That is, describe briefly how a child (children) might use the piece of equipment, how you would react (if at all), and what the child might learn from the experience.

Active Area:

Task Area:

Expressive Area:

Outdoor Area:

7. Which one of the following statements is most consistent with the positions the Responsive Care Program recommends regarding the establishment of rules children are expected to follow in the activity areas.

___ a. Ground rules for children should be the same and be evenly enforced for all activity areas.

___ b. Ground rules may differ for different activity areas, but all ground rules should be enforced.

___ c. Children's behavior in each activity area should be governed by a minimal set of ground rules, but each teacher may set her own ground rules and decide which rules to enforce.

___ d. Children's behavior in the rich environment of the Responsive Care Program should be governed by the natural consequences of their action. Teacher-made rules are unnecessary.

8. Which of the following situations, if any, would probably be infractions of ground rules in the Responsive Care Program.

___ a. Billy and Jean are playing catch with wooden building blocks in the active area.

___ b. Sally has taken her water colors into the active area because she wants to paint while on the tumbling mats.

___ c. Tom is lying down on the floor in the task area playing with an abacus.

___ d. Two children in the expresive area are attempting to use the same stove in a housekeeping corner.

9. List two ground rules that might be appropriate for each major activity area.

Active Area:

1.

2.

Task Area:

1.

2.

Expressive Area:

1.

2.

Outdoor Play:

1.

2.

10. If you were a teacher assigned to one of the activity areas (pick one) and witnessed a child breaking one of the ground rules, would you:

___ a. Ignore the infraction.

___ b. Ignore the child breaking the rule, but praise someone for not breaking the rules.

___ c. Suggest an acceptable alternative to the child breaking the rule.

___ d. Let the child breaking the rule know that you are watching him.

11. In the Responsive Care Program a teacher would probably be permanently assigned to the activity area in which he is most effective and at ease. ___ True ___ False

12. If the above statement is false, indicate a more accurate statement of the length of time teachers are assigned to the same activity area.

13. If the item 11 above is true indicate the rationale for such assignment procedures.

14. List two important concerns you or your fellow teachers might have regarding the activity areas to which you are assigned.

    1.

    2.

15. Which of the following statements do not represent a teacher's responsibility for one of her "special" children.

    ___ a. Make an initial home visit.

    ___ b. Provide individual sessions for the child on a weekly basis outside the regular program areas in order to do special things with the child.

    ___ c. Follow the child's movement each day in order to provide immediate diagnosing and response to his needs in whichever activity he may go.

    ___ d. Keep an on-going record of the child's developing repertoire as spontaneously exhibited by the child.

16. List three important reasons for why a teacher in the Responsive Care Program would make a record of a child's developing repertoire in the Child Repertoire Assessment Record.

    1.

    2.

    3.

17. The categories in the Child Repertoire Assessment Record are not all inclusive because

18. Describe briefly, as though explaining to another teacher, how you might conduct an individualized teaching session with a child in the Responsive Care Program. Your description should respond to the following questions.

a. How often and for how long a period of time would you have such sessions with a particular child?

b. For what purpose(s) would you have the session?

c. What materials might you use with the child, and in what manner might the child use the materials?

d. In what manner, if at all, would you keep a record of the session?

19. List four activities that would be appropriate for "invitational" activities in the Responsive Care Program.

a.

b.

c.

d.

20. Describe briefly the specific procedures a Responsive Care teacher might follow in conducting an invitational activity. Respond to the specific questions below:

a. How and at what times would the activity be announced to the children?

b. Who may attend?

c. During which times may children choose to enter or leave an invitational activity?